

Submitted: 30 May 2019  
Accepted: 20 June 2019  
Published online: 1 September, TAPS 2020, 5(3), 1-4  
<https://doi.org/10.29060/TAPS.2020-5-3/PV2164>

# Supporting medical science educators: A matter of self-esteem, identity, and promotion opportunities

Bonny L. Dickinson<sup>1</sup>, Zhi Xiong Chen<sup>2</sup> & Aviad Haramati<sup>3</sup>

<sup>1</sup>Department of Biomedical Sciences, Western Michigan University Homer Stryker M.D. School of Medicine, Kalamazoo, Michigan, USA; <sup>2</sup>Department of Physiology, Yong Loo Lin School of Medicine, National University of Singapore, Singapore; <sup>3</sup>Centre for Innovation and Leadership in Education, Georgetown University School of Medicine, Washington, DC, USA

## Abstract

Medical science educators are faculty members primarily responsible for teaching the medical sciences to healthcare profession students. These educators also have roles in other academic areas such as curriculum development, learner assessment, advising and mentoring, clinical duties, research, institutional service, leadership and administration. Academic institutions worldwide are increasingly focused on excelling in cutting-edge research, a major criterion for university rankings, which has led to significant resources and attention invested in those endeavours. At the same time, the primary goal of academic institutions is to educate and train healthcare professionals. As a result, medical science educators are often caught in the middle of these competing interests, leading to the ambiguity between personal career development and institutional priorities. It is in this context that we consider how medical science educators might navigate these issues and how academic institutions can support and strengthen this important cohort of faculty. First, with an attempt at humour, we begin by considering three stereotypical identities of medical science educators. We then discuss how the growing number of medical education associations and programs designed to support medical science educators are making a difference. Our goal is to provide a clear direction for the current career trajectory of medical science educators.

**Keywords:** Recognition, Promotion, Innovation and Leadership in Education, Teaching Academy

## Practice Highlights

- Medical science educators are critical to the mission of academic institutions.
- Institutions need to adopt guidelines to recognise, reward and promote medical science educators.
- The formation of a vibrant educator community to drive innovation and scholarship is important.
- Establishing a center for innovation and leadership can support and develop faculty in education.

## I. THE MULTIPLE IDENTITIES OF THE MEDICAL SCIENCE EDUCATOR

Medical science educators have many roles, the most important of which is to educate students in the health professions. The many roles, responsibilities and expectations placed on these educators can shape distinct personalities or identities. Here, in a tongue-in-cheek fashion, we describe three stereotypical educator identities. The first is the *'homemaker'*. These educators engage in multiple routine tasks that few faculty enjoy (e.g., writing examination questions, directing courses,

learner assessment, etc.). The *'homemaker'* educators are usually in managerial roles, overworked, underappreciated and often frustrated with the lack of time available to pursue scholarship or other rewarding endeavours. *'Homemaker'* educators perceive themselves as lacking the liberty or empowerment to actually embody their career aspirations.

The second stereotypical personality is the *'punch clock employee'*. These educators also often perform routine tasks, do what they are told, and rarely desire to excel

beyond what they are expected to do. They perceive themselves as trapped in a cycle driven by their routines and, as a result, lack the motivation and aspiration to grow and develop as scholars.

The third identity is the *'talk show host'* medical science educator. This identity is difficult to distinguish from those educators who are well versed in pedagogy and genuinely student-centric. The *'talk show host'* educators enjoy teaching and may even be well-liked by students. This can, however, be borne out of a narcissistic need to be popular, in lieu of adopting a sincere concern for students' learning. Their teaching approaches may also come across as self-absorbed and gimmicky, bordering on showboating. The *'talk show host'* educator believes that what is important is what the teacher does, not what the students do (Biggs, 1999). Perhaps not surprising, *'talk show host'* educators tend to accumulate teaching awards and steadily advance in their careers but lack a serious scholarship to accompany their teaching accolades. This makes it difficult to distinguish them from educators with a genuine interest in students' learning who insist on using evidence-based teaching techniques that may be unpopular with students, yet proven to support and optimise learning effectively.

What then is the ideal identity for medical science educators? We propose the *'servant'* educator identity to describe educators who are genuinely interested in what the student does and how the student learns (Biggs, 1999). How can this *'servant'* educator identity be supported? We propose that two 'I's must play a role: individual and institution. At the individual level, the one question that all medical science educators should ask themselves is, "What is the reason that you have chosen to be an educator?" If the answer is to inspire and educate the next generation of health professionals, then the educator is on the right track. To support this goal, institutions must foster an environment that supports educator development to help them to discover, grow and achieve their career aspirations. This requires the institution to identify, encourage, recognise, reward, and promote educators who possess such attitudes (Bligh & Brice, 2009). Finally, institutions should aim to focus on the long-term vision instead of short-term gains, *'heartware'* instead of hardware, and to support medical science educators and their work. Below, we discuss two ways that institutions can help nurture the *'servant'* medical science educator.

## II. SUPPORTING THE PROMOTION OF MEDICAL SCIENCE EDUCATORS

Medical schools have a long history of using well-established guidelines for granting promotion and tenure to faculty based largely on the number and quality of

peer-reviewed publications and a track record of grant support for biomedical research. The recognition that these standards do not translate to the evaluation of faculty with predominant roles in teaching (both in the classroom and the clinic) and medical education scholarship has launched a now decades-long conversation about how to evaluate medical science educators for the purposes of appointment, promotion and tenure. In response to this challenge, the 2006 Consensus Conference on Educational Scholarship developed a portfolio-based format for documenting scholarly activity, using evidence of quantity, quality, and engagement with the education community (Simpson et al., 2007). In 2010, the *Association of American Medical Colleges Task Force on Educator Evaluation* created consensus guidelines to supplement the 2006 report for use by those responsible for evaluating the educational contributions of faculty. In that work, the task force also clearly articulated the need for institutional adoption of the criteria to recognise educators through academic promotion.

Today, faculty entering the field of medical education have access to a literature replete with guidelines for evaluating medical school faculty and recommendations for defining and strengthening scholarship in medical education. Faculty also have access to a rapidly expanding number of training programs to develop faculty as educational scholars. In addition, a growing number of medical education organisations, such as the International Association of Medical Science Educators (IAMSE) and the Association for Medical Education in Europe, and educational programs for health profession educators, have come into existence over the past 25 years. Whether this growth has translated into the formal adoption of clear guidelines for the recognition, reward, and promotion of medical science educators was recently examined by the Committee for the Advancement of Medical Science Educators (CAMSE), a subcommittee of the IAMSE Professional Development Committee. Following a comprehensive review of existing criteria for recognising excellence and professional advancement in medical education, CAMSE surveyed the IAMSE membership to assess whether the work of Boyer, Glassick, and others have influenced institutional adoption of guidelines for recognising, rewarding, and promoting medical science educators, and to evaluate biomedical science faculty awareness of these guidelines and their own institutional policies (Dickinson et al., 2018). The results of the survey identified several needs: 1) more time for faculty to pursue scholarship and innovation in medical education; 2) greater institutional recognition of medical science educators and their scholarly contributions; and 3) increased institutional support and resources for educator activities. An additional finding was that some medical science

educators do feel recognised and rewarded for their work, as over half of respondents (57%) indicated that medical science educators can be promoted at their institutions based on their work as educators.

To further facilitate the reward, recognition, and promotion of medical science educators, CAMSE is creating toolkits for educators and those charged with evaluating educators. The toolkits will be applicable to a breadth of health science institutions with an international scope, and are framed using the quantity, quality, and engagement model advocated by Simpson, et al (Simpson et al., 2007). The educator toolkit provides a structured approach to developing a strong educator portfolio by helping faculty clearly translate their educational work and scholarship into a readily understood format for department chairs, promotion committee members, and other institutional leaders. Worksheets and detailed instructions provided with the toolkit are tailored to document quantity, quality, and engagement model in teaching, learner assessment, advising and mentoring, curriculum development, and leadership and administration. The evaluator toolkit is designed as a companion to this toolkit and is intended for institutional leaders tasked with evaluating educators. The focus of the toolkits on medical science educators addresses the gap in the recognition of their scholarly teaching and educational scholarship. Further, these toolkits may be readily adapted for use by clinician-educators. We anticipate that these user-friendly, open-access, IAMSE-recommended toolkits will be widely used by educators and adopted by institutions to enhance recognition, reward, and promotion of biomedical science educators.

### III. SUPPORT FOR INNOVATION AND LEADERSHIP IN EDUCATION: BUILDING A COMMUNITY OF EDUCATORS

Medical education is undergoing rapid changes in many fundamental ways. Curricula are becoming more integrated, both horizontally across science disciplines and vertically with the incorporation of earlier clinical experiences. Teaching sessions are being shifted to more active learning formats, and assessment is now a strategy *for* learning, as much as it has been a measurement *of* learning. At the same time, the role of the teacher is moving dramatically from deliverer of information to facilitator of learning. These changes require core teaching faculty to possess specific skills gained through additional training. As institutions grapple with the challenges of helping content experts become educators, profound changes are happening to faculty members themselves. There are real shifts in terms of faculty members' identity and how they view their role at the institution. As mentioned earlier, there are key

challenges for academic institutions as to how to nurture, develop and reward these educators and ensure that they have a career path for promotion and advancement.

At Georgetown University Medical Center (GUMC), the leadership of the institution encouraged and supported the creation of a Center for Innovation and Leadership in Education (CENTILE). Specifically, this was a school-wide investment in faculty development in education, which enabled the formation of an inter-professional community of educators that drive innovation and scholarship. The goals of CENTILE are to promote excellence in teaching, to foster programmatic innovation in education, to facilitate scholarship in health professions education, and to develop future educational leaders. CENTILE aims to help faculty gain the necessary skills through a variety of programs such as Education Grand Rounds and workshops from visiting leaders around the globe, and by convening an annual Colloquium for GUMC Educators in the Health Professions, wherein faculty share their creative innovations in education, and learn valuable insights and skills from one another.

Another important development has been the establishment of the *GUMC Teaching Academy in the Health Sciences*, which provides opportunities for faculty to receive peer-recognition of accomplishments in education. There are several levels of membership that aim to create a growth trajectory for faculty, beginning with the *Protégé* level, for residents and post-doctoral fellows with an interest in education; and the *Associate Member*, for new members of the faculty eager to explore their interest in education. The level of *Principal Member*, is one in which a faculty member is judged to have achieved excellence in one of five domains: Direct Teaching, Mentoring and Advising, Instructional Design/Curricular Development, Educational Scholarship or Educational Leadership. Each of those domains has specific criteria and requires submission of examples of quality, quantity, innovation and dissemination of accomplishments in that area (as described by Simpson et al., 2007). The highest level of recognition is the *Distinguished Member*, in which a faculty member is deemed to have achieved excellence in three of the five domains listed above. Those applications are reviewed by both an internal group and two external reviewers. At present (May 2019), there are 110 members of the Teaching Academy at GUMC, of which 29 are at the *Principal* level and only 3 have attained the *Distinguished Educator* status. One of the important outcomes that has occurred in the 4 years since the establishment of the GUMC Teaching Academy is that the promotion and tenure committee has adopted the

GUMC Teaching Academy criteria when reviewing applications for faculty appointment and promotion.

CENTILE was established to fill a need at GUMC and has a clear mandate to advance the educational mission of the academic medical centre by *Educating the Educators* (Haramati, 2015). Those members of the faculty who are determined to devote their careers in education now have a clear trajectory to obtain the necessary skills as well as to be evaluated and rewarded for their educational achievements. We believe that every academic health centre should identify resources, develop programs and standards, and ultimately, enable medical and health professions educators to pursue education in practice and in scholarship, and to be recognised appropriately for those accomplishments.

### Notes on Contributors

Bonny L. Dickinson, PhD, MS-HPED is a Professor and Vice-Chair of Biomedical Sciences at the Western Michigan University Homer Stryker M.D. School of Medicine, Kalamazoo, Michigan, USA.

Chen Zhi Xiong, BSc, MHPE, PhD is a senior lecturer and Integration Lead Educator (Medicine) at the Yong Loo Lin School of Medicine, and Assistant Dean of Students at the National University of Singapore.

Aviad Haramati, PhD is a Professor, Division of Integrative Physiology in the Department of Biochemistry, Molecular and Cellular Biology and Director of the Center for Innovation and Leadership in Education (CENTILE), Georgetown University School of Medicine, Washington, DC, USA.

### Acknowledgement

The authors wish to thank the organisers of the Asia Pacific Medical Education Conference for selecting this work for presentation at the 2019 conference.

Funding for the manuscript was supported by each of the institutions involved.

### Declaration of Interest

There is no conflict of interest from any of the authors with regards to this paper.

### References

- Biggs, J. (1999). What the student does: Teaching for enhanced learning. *Higher Education Research & Development*, 18(1), 57-75. <https://doi.org/10.1080/0729436990180105>
- Bligh, J., & Brice, J. (2009). Further insights into the roles of the medical educator: The importance of scholarly management. *Academic Medicine*, 84(8), 1161-1165. <https://doi.org/10.1097/ACM.0b013e3181ace633>
- Dickinson, B. L., Deming, N., Coplit, L., Huggett, K. N., Quesnelle, K., Sheakley, M., ... Wragg, S. (2018). IAMSE member perspectives on the recognition, reward, and promotion of medical science educators: An IAMSE sponsored survey. *Medical Science Educator*, 28(2), 335-343. <https://doi.org/10.1007/s40670-018-0548-z>
- Haramati, A. (2015). Educating the educators: A key to curricular integration. *Academic Medicine*, 90(2), 133-135. <https://doi.org/10.1097/ACM.0000000000000444>
- Simpson, D., Fincher, R. E., Hafler, J. P., Irby, D. M., Richards, B. F., Rosenfeld, G. C., & Viggiano, T. R. (2007). Advancing educators and education by defining the components and evidence associated with educational scholarship. *Medical Education*, 41(10), 1002-1009. <https://doi.org/10.1111/j.1365-2923.2007.02844.x>
- 
- \*Aviad Haramati  
Center for Innovation and Leadership in Education,  
Georgetown University School of Medicine,  
Washington, DC 20057  
Tel: 202-687-1021  
Email: [haramati@georgetown.edu](mailto:haramati@georgetown.edu)

### Funding